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COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

February 7, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**ADOPTION OF FINDINGS AND REPORT OF THE PUBLIC HEARING REGARDING THE
CLOSURE OF SUBURBAN MEDICAL CENTER'S EMERGENCY DEPARTMENT
(4th District) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Accept the Impact Evaluation Report (IER), which concludes that the closure of Suburban Medical Center's Emergency Department (CSH ED) will have a negative impact upon the community.
2. Instruct the Director of Health Services to forward the IER (Attachment I) to the State Department of Health Services (SDHS) within three days of its adoption by the Board.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTION:

In approving these actions, the Board is:

- Concurring with the Emergency Medical Services (EMS) Commission that the closure of CSH will have a negative effect upon the community.

BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne Brathwaite Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

- Instructing the Director of Health Services to forward the IER (Attachment I) to the SDHS within three days of its adoption by the Board.

FISCAL IMPACT:

There is no direct net County cost associated with the CSH ED closure. The County could be indirectly impacted if patients previously seen at CSH seek medical care at County facilities.

FACTS AND PROVISIONS:

In 1999, AB 2103 (Gallegos) amended the Health and Safety Code to require hospitals to provide advanced notice of planned eliminations of emergency medical services to the SDHS, the County, and healthcare service plans or other third party payers under contract with the hospital. At least 90 days in advance of the projected closure date, public notice must be provided in a manner that is likely to reach a significant number of residents served by the hospital.

In addition, the hospital must take reasonable efforts to ensure that the community it serves is informed of the planned closure by advertising, soliciting media coverage and advising patients and third party payers. SDHS' approval of the elimination of emergency medical services is contingent upon receipt of the County's report on the closure's impact on emergency medical services. The Statute requires at least one public hearing. In Los Angeles County, the Board of Supervisors has appointed the EMSC as the entity to conduct the public hearing. The County is required to provide SDHS with the results of the Impact Evaluation within three days of its completion.

On November 15, 2004, Promise Hospital of East Los Angeles (PHELA dba CSH) notified the Department of Health Services of its plan to close the CSH ED by February 15, 2005. The Board instructed the Director of Health Services to proceed with the public hearing and complete the impact evaluation process.

A total of fifteen (15) community members, healthcare and EMS providers attended the public hearing conducted by the Emergency Medical Services Commission (EMSC) on January 18, 2005. The Chief Executive Officer explained the factors that led to PHELA's decision to close the ED. Representatives of the Los Angeles County Fire Department and Compton Fire Department testified that their operations will be negatively affected by CSH's closure. Both agencies identified extended emergency department waiting times and possible delays in 9-1-1 responses as potential long term problems that could result from the closure. A representative of the Community Health Councils, Inc. testified and submitted a written statement. There was no other citizen testimony. A complete transcript of the public hearing is on file at the EMS Agency.

The Honorable Board of Supervisors
February 7, 2005
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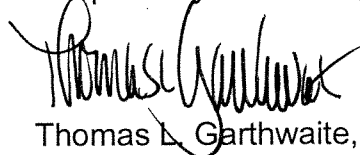
IMPACT ON CURRENT SERVICES:

The closure of the CSH ED will not impact current County services. Based on testimony from the involved paramedic provider agencies, some adverse impact to emergency services in the immediate area is expected which may resolve following planned operational, staffing and equipment upgrades by the area's hospitals and provider agencies.

CONCLUSION:

The EMS Agency has concluded that the closure of the CSH ED will have a negative impact upon the community.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Thomas L. Garthwaite", is written over the printed name.

Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

TLG:cb

Attachment

- c. Chief Administrative Officer
- County Counsel
- Executive Officer, Board of Supervisors
- Director, Emergency Medical Services
- Emergency Medical Services Commission
- Auditor-Controller

IMPACT EVALUATION REPORT

On the Closure of Suburban Medical Center

I. PURPOSE OF THE IMPACT EVALUATION

The purpose of an impact evaluation report (IER) is to assess the impact of a hospital's closure on the surrounding community. The report examines changes in access to emergency care, services provided by surrounding hospitals, and services provided by public and private EMS provider agencies.

II. SCOPE OF THE IMPACT EVALUATION

The required scope of an IER is set forth in Health & Safety Code (H&SC) Section 1300. The IER describes the service levels historically provided by the involved facility and evaluates the closure's impact on:

1. Surrounding hospitals, including specialty and disaster services.
2. Prehospital EMS provider agencies, including public and private providers.
3. The surrounding community.

III. THE IMPACT EVALUATION PROCESS

In 1999, the H&SC Sections 1255 and 1300 placed new requirements on general acute care hospitals with respect to downgrades and closures of emergency departments. Section 1255 outlines the hospital's obligations for proper notification. Hospital notification must be made to the State Department of Health Services, to the local government agency in charge of health services, to health plans under contract with the hospital, and to the public. This notification must be made as soon as possible but **not later than 90 days prior to the proposed reduction or elimination of emergency services**. Public notice must be provided in a manner likely to reach a significant number of residents of the community served by the hospital whose services are being reduced or downgraded. Compliance with the public notification requirements outlined in H&SC is monitored by the State Department of Health Services.

Section 1300 requires counties to conduct an IER to determine the impact, including but not limited to, an impact evaluation of the downgrade or closure upon the community, including community access to emergency care and how that downgrade or closure will affect emergency services provided by other entities. The IER must include at least one public hearing and **must be completed within 60 days of notification** by the hospital. The IER must be submitted to the State Department of Health Services within three days of its adoption by the Board. In Los Angeles County, the Board of Supervisors has designated the Emergency Medical Services Commission (EMSC) as the body to conduct the required hearing.

Suburban Medical Center

On November 15, 2004 Promise Hospital of East Los Angeles Health System advised the Los Angeles County Board of Supervisors, the Emergency Medical Services (EMS) Agency, the State Department of Health Services, Health Facilities Division, and others of the planned closure of Suburban Medical Center (CSH) by February 15, 2005. In accordance with the procedures outlined above, the IER process was initiated.

Prior to the public hearing, the closure notice was widely disseminated throughout the community by public postings and advertising in three local newspapers, one of which was a Spanish language newspaper. Elected officials, individuals and organizations were invited to speak at the public hearing or submit written testimony.

On **January 18, 2005**, the EMSC conducted the public hearing at Progress Park Auditorium in the City of Paramount. Preliminary statistical data pertaining to Emergency Department (ED) volume, the number of hospitals within a 5- and 10-mile radius of CSH, and 9-1-1 transport volume was distributed at the hearing to enhance the public's understanding of the impact of the impending closure on the community. Oral and written testimony was accepted.

Following the hearing, the EMS Agency notified the Planning and Zoning Department of the City of Paramount of CHS's planned closure.

This final report, prepared by the EMS Agency at the direction of the EMSC, is submitted by the Department of Health Services to the Board of Supervisors for adoption. The data in Appendices A, B and C were obtained by interviews with surrounding hospitals; affected 9-1-1 provider agencies; the Los Angeles County ReddiNet® system; and the Los Angeles County Trauma and Emergency Medical Information System (TEMIS). A complete transcript of the public hearing is on file at the EMS Agency.

III. SUMMARY OF FINDINGS

1. In late 2003, CSH's prior owner, Tenet Health System, announced that it would not renew its real property lease for CSH when the lease expired on October 31, 2004. On November 1, 2004, Promise Hospital of East Los Angeles (PHELA) acquired operation of CSH. PHELA also operates Promise Hospital of Los Angeles, which is a 36-bed hospital specializing in long-term acute care and is located east of downtown Los Angeles. Both CSH and PHELA are managed by Promise Healthcare, Inc. which is based in Boca Raton, Florida. Promise Healthcare, Inc. also owns and manages 24 hospitals and specialized "hospitals-within-hospitals" in Arizona, Louisiana, Mississippi, Nevada, Texas and Utah.
2. Nineteen acute care facilities are located within ten miles of CSH. Of these, six are within five miles (Appendix A, Service Grid).

3. CSH's Emergency Department treated 22,494 patients in 2003. Of these, 3,017 were transported by the 9-1-1 system: 2,163 Advanced Life Support (ALS) transports and 854 Basic Life Support (BLS) transports (Appendix B, Facility Volume Report).
4. From an emergency medical services perspective, the closure of CSH will impact the residents of Bellflower, Compton, Downey, Lakewood, Los Angeles, Lynwood, Montebello, Norwalk, and Paramount. The primary EMS provider agencies affected by the closure are Compton, Downey, Los Angeles County and Long Beach Fire Departments, with some impact to the Los Angeles Fire Department (Appendix C, Suburban Medical Center 9-1-1 Transport Volume). The impacts include:
 - a. Longer travel times to reach emergency services. CSH currently receives 3% of the total number of 9-1-1 patients transported by public and private provider agencies within the 10-mile radius.
 - b. Possible delays in obtaining prehospital emergency services. EMS personnel will be out of service for longer periods of time as they transport patients to more distant hospitals.
 - c. Loss of geographic availability of basic emergency department services for residents of the communities listed above.
 - d. Loss of a community resource for disaster purposes.
 - e. Increased requests for 9-1-1 diversion. As surrounding EDs absorb the patients that once would have gone to CSH, EDs will reach the saturation point more quickly, ED through-put will bottleneck, and the hospitals will request 9-1-1 diversion to help slow the patient influx. (Appendix D, Hospital Diversion to 9-1-1 Traffic due to Emergency Department Saturation)
 - f. Possible increased utilization of 9-1-1 by citizens who currently walk or drive to CSH.
5. The combined total number of emergency treatment stations in the 10-mile radius is 408 (does not include urgent care beds). Loss of the CSH ED reduces the number to 397 treatment stations (Appendix B, Facility Volume Report).
6. In 2003, emergency visits to hospitals within CSH's 10-mile radius totaled 748,599, which is an average of 1835 patients per treatment station. With CSH's closure, the average would increase to 1886 patients per treatment station (assuming patients currently seen at CSH will seek emergency care at one of the hospitals within the 10-mile radius).

7. Data on emergency treatment stations are contingent upon all hospitals continuing to operate emergency services within the 10-mile radius.
8. Patients with non-life-threatening illness or injury will most likely experience longer waiting times in the EDs of surrounding hospitals when CSH closes.
9. CSH does not have a license for acute psychiatric beds. There will be no impact to patients requiring admission to an acute psychiatric facility.
10. CSH is an Emergency Department Approved for Pediatrics (EDAP). There will be a negative impact to children in terms of 9-1-1 transports. It will increase transport times for pediatric patients in need of 9-1-1 transport, and possible longer waiting times in surrounding ED's for these pediatric patients.
11. CSH is not a designated trauma center. There will be no impact on patients that meet trauma center criteria or guidelines.
12. CSH does not offer SART (Sexual Assault Response Team) services; therefore, its closure will not affect SART services in Paramount and the surrounding communities.
13. CSH does not provide neurosurgical services. Of the six hospitals within the 5-mile radius of CSH, three provide neurosurgical services. Eight of the other thirteen hospitals located within the 10-mile radius also provide neurosurgical services.
14. During the public hearing, Promise Healthcare announced its plan to mitigate the impact of the ED closure by replacing the ED with a 24-hour physician-staffed Urgent Care Center. This does not mitigate the impact on the transport of patients via the 9-1-1 system because the California Code of Regulations generally does not allow for the transport of 9-1-1 patients to health facilities without a licensed ED.

V. CONCLUSION

Based on the above findings, the Los Angeles County EMS Agency concludes that the closure of the emergency department at CSH will have a negative impact on access to delivery of emergency medical services in the City of Paramount and the surrounding communities.

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY

**SUBURBAN MEDICAL CENTER
SERVICE GRID**

Hospitals/Services	Base Hospital	Trauma Hospital	Pediatric Critical Care (PCCC)	ED Approved for Pediatrics (EDAP)	Obstetrical Services (Perinatal)	Neonatal Intensive Care Unit	Neurosurgical	5150 Designation	Sexual Assault Exams
Suburban Medical Center				X	X				
Hospitals within a 5 mile radius of Suburban Medical Center									
Lakewood Regional Medical Center				X			X	X	
Bellflower Medical Center					X				
Kaiser Foundation, Bellflower					X	X			
Downey Regional Medical Center				X	X				
Coast Plaza Doctors Hospital							X		
St. Francis Medical Center	X	X		X	X	X	X	X	
Hospitals within a 10 mile radius of Suburban Medical Center									
Long Beach Memorial Medical Center	X	X	X	X	X	X	X		
Martin Luther King Jr./Drew Medical Center	X	X*		X	X	X	X	X	
Pacific Hospital of Long Beach					X			X	
Tri-City Regional Medical Center									
LA Community Hospital of Norwalk									
Community Hospital of Long Beach								X	
St. Mary Medical Center	X	X		X	X	X	X	X	
Memorial hospital of Gardena				X	X		X		
Harbor/UCLA Medical Center	X	X	X	X	X	X	X	X	
Beverly Hospital				X	X		X		
Presbyterian Intercommunity Hospital	X			X	X	X	X		
East Los Angeles Doctors Hospital				X	X				
Kaiser Foundation, Harbor City					X	X	X		

*King/Drew Trauma Center scheduled to close 3/1/05

**COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY**

**SUBURBAN MEDICAL CENTER
FACILITY VOLUME REPORT**

Hospitals	Emergency Department (ED) Beds (Treatment Bays)	% of Treatment Bays in the 5 mile radius	% of Treatment Bays in the 10 mile radius	BLS Transports	ALS Transports	9-1-1 Transports in 2003	% of 9-1-1 Transports in the 5 mile radius	% of 9-1-1 Transports in the 10 mile radius	Averaged Monthly ED Visits	Reported Annual ED Visits	% of ED visits in the 5 mile radius	% of ED visits in the 10 mile radius	Number of Patients Seen per Treatment Bay (Annual)	Licensed Critical Care Beds (ICU & CCU)	Licensed Psychiatric Beds
Suburban Medical Center	11	8%	3%	854	2163	3017	8%	3%	1875	22494	8%	3%	2045	12	0
Hospitals within a 5 mile radius of Suburban Medical Center															
Lakewood Regional Medical Center	14	10%	3%	1116	3777	4893	14%	5%	2815	33776	12%	5%	2413	31	18
Bellflower Medical Center	3	2%	1%	243	522	765	2%	1%	671	8048	3%	1%	2683	10	32
Kaiser Foundation, Bellflower	45	33%	11%	1382	4188	5570	16%	5%	7035	84414	31%	11%	1876	24	0
Downey Regional Medical Center	22	16%	5%	1497	5102	6599	19%	7%	4449	53392	19%	7%	2427	18	0
Coast Plaza Doctors Hospital	9	7%	2%	516	2395	2911	8%	3%	1340	16080	6%	2%	1787	7	0
St. Francis Medical Center	32	24%	8%	3402	8460	11862	33%	12%	4831	57969	21%	8%	1812	36	40
Total for Hospitals in the 5 mile radius	136			9010	26607	35617			23014	276173			2031	138	90

APPENDIX B

APPENDIX B

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES AGENCY

SUBURBAN MEDICAL CENTER FACILITY VOLUME REPORT

Hospitals	Emergency Department (ED) Beds (Treatment Bays)	% of Treatment Bays in the 5 mile radius	% of Treatment Bays in the 10 mile radius	BLS Transports	ALS Transports	9-1-1 Transports in 2003	% of 9-1-1 Transports in the 5 mile radius	% of 9-1-1 Transports in the 10 mile radius	Averaged Monthly ED Visits	Reported Annual ED Visits	% of ED visits in the 5 mile radius	% of ED visits in the 10 mile radius	Number of Patients Seen per Treatment Bay (Annual)	Licensed Critical Care Beds (ICU & CCU)	Licensed Psychiatric Beds
Hospitals within a 10 mile radius of Suburban Medical Center (including hospitals in the 5 mile radius)															
Long Beach Memorial Med. Center	53	n/a	13%	2332	9313	11645	n/a	11%	6015	72184	n/a	10%	1362	82	0
Martin Luther King Jr./ Drew Medical Center	29	n/a	7%	3984	8465	12449	n/a	12%	4862	58348	n/a	8%	2012	59	76
Pacific Hospital of Long Beach	7	n/a	2%	359	682	1041	n/a	1%	1131	13569	n/a	2%	1938	16	37
Tri-City Regional Med. Center	8	n/a	2%	231	478	709	n/a	1%	470	5642	n/a	0.75%	705	18	0
LA Comm. Hospital of Norwalk	4	n/a	1%	223	773	996	n/a	1%	400	4802	n/a	0.64%	1201	6	0
Community Hospital of Long Beach	18	n/a	4%	649	2459	3108	n/a	3%	1546	18548	n/a	2%	1030	31	28
St. Mary Medical Center	24	n/a	6%	2128	5879	8007	n/a	8%	3729	44745	n/a	6%	1864	47	23
Memorial Hospital of Gardena	10	n/a	2%	1113	2444	3557	n/a	4%	1410	16916	n/a	2%	1692	10	0
Harbor/UCLA Med. Center	39	n/a	10%	2084	5386	7470	n/a	7%	6408	76893	n/a	10%	1972	50	39
Beverly Hospital	17	n/a	4%	862	3574	4436	n/a	4%	2600	31194	n/a	4%	1835	25	0
Presbyterian Intercomm. Hospital	26	n/a	6%	1796	4283	6079	n/a	6%	4465	53574	n/a	7%	2061	24	10
East LA Doctors Hospital	8	n/a	2%	658	1916	2574	n/a	3%	1251	15012	n/a	2%	1877	10	0
Kaiser Foundation, Harbor City	29	n/a	7%	1098	2637	3735	n/a	4%	5083	60999	n/a	8%	2103	20	0
Total for Hospitals in the 10 mile radius	408			26527	74896	101423			62383	748599			1835	536	303

**COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY**

**SUBURBAN MEDICAL CENTER
FACILITY VOLUME REPORT**

<u>CONCLUSIONS:</u>	within the 5 mile radius	within the 10 mile radius
Number of treatment bays if Suburban ED closes	125 8% decrease	397 3% decrease
Current number of patients per treatment bay	2031	1835
Estimated increase in patients per treatment bay if Suburban ED closes	2209 9% increase	1886 3% increase
Number of Licensed Critical Care Beds if Suburban ED closes	126 9% decrease	524 2% decrease
Of the other 19 hospitals in the 10 mile radius, 6 hospitals are seeing over 2000 patients per treatment bay.		
Per the OSHPD Hospital Annual Financial Data Profiles for 2002, the 20 hospitals within the 10 mile radius reported the following:		
1. Current Ratio (calculated by dividing Total Current Assets by Total Current Liabilities), a ratio of 1 or better is generally considered good. 4 hospitals (including Suburban) reported a ratio >1, <2 (Good); 6 hospitals reported a ratio <1 and 3 hospital did not report data.		
2. Long Term Debt to Equity (calculated by dividing Net Total Long Term Debt to Total Equity), a ratio of over 40% - 50% often signals liquidity problems. 7 hospitals reported a ratio >50%; 5 hospitals reported a ratio <50%, and 8 hospitals (including Suburban) did not report data.		
3. Operating Margin (a negative operating margin indicates a facility's inability to meet ongoing operating expenses with reliable revenue sources). 11 hospitals (including Suburban) reported a positive operating margin, 6 hospitals reported a negative operating margin and 3 hospital did not report data.		
Per the OSHPD Summary of Requests for Extension to Seismic Safety Deadlines (February 9, 2004): 11 of the hospitals within the 10 mile radius (including Suburban) have an approved extension request, the other 9 hospitals did not file for an extension request.		

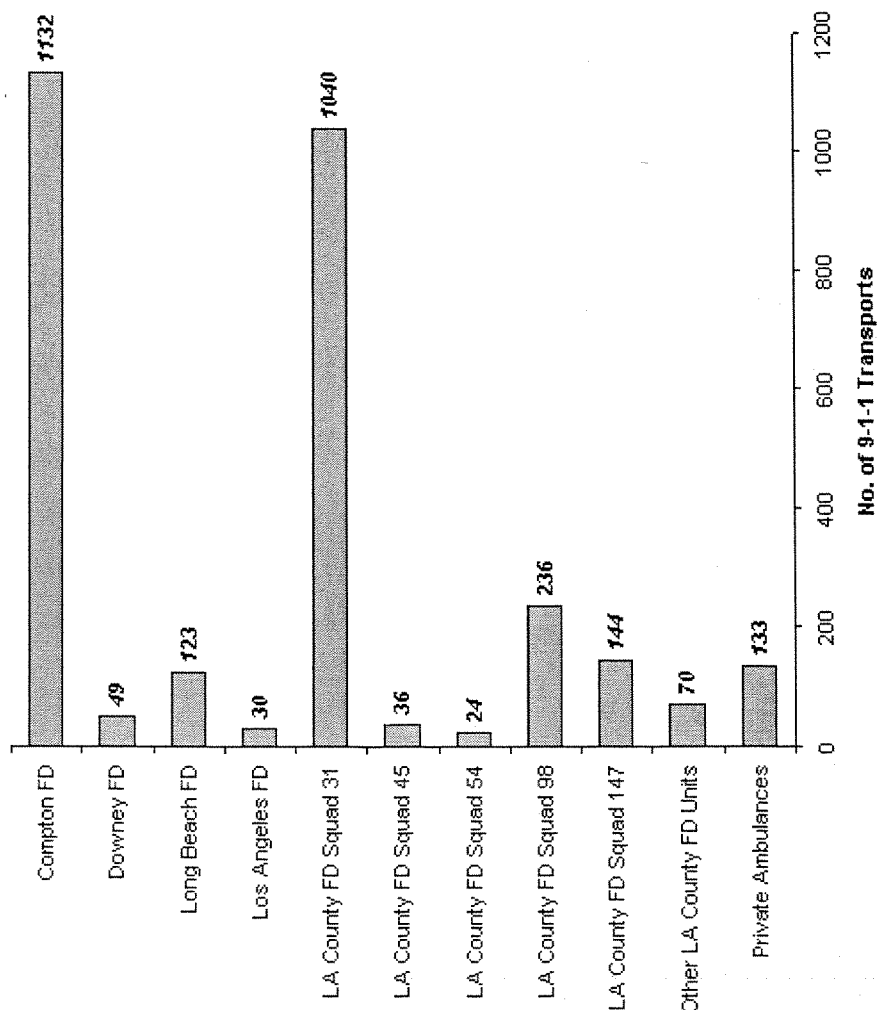
APPENDIX B

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY

SUBURBAN MEDICAL CENTER
911 TRANSPORT VOLUME by PROVIDER AGENCY

9-1-1 TRANSPORTS by PROVIDER AGENCY

Year 2003 (n=3017)



The EMS Provider Agencies that will be impacted by the closure of Suburban Medical Center's Emergency Room include:

Los Angeles County FD, which handled 51% of the transport volume (36% was handled by Squad 31).

Compton Fire Department, which handled 38% of the transports.

Long Beach Fire Department, which handled 4% of the transports.

Downey Fire Department, which handled 3% of the transports.

Los Angeles Fire Department, which handled 1% of the transports.

Private Ambulance companies, which handled 1% of the transports. These companies include AMR, Schaefer, Liberty, and McCormick.

The most impact would be with Los Angeles County FD Squad 31. Transport times are estimated to increase from an average of 3 minutes to 8 minutes.

**HOSPITAL DIVERSION TO 9-1-1 TRAFFICE
due to EMERGENCY DEPARTMENT SATURATION**

**9-1-1 Receiving Hospitals within a Ten Mile Radius of
SUBURBAN MEDICAL CENTER**

APPENDIX D

Diversion hours are rounded to the closest hour.

Divisional models are rounded to the closest hour.

HOSPITAL CODE	1999		2000			2001			2002			2003			2004		
	total hrs in 1999 = 8760		total hrs in 2000 = 8760			total hrs in 2001 = 8760			total hrs in 2002 = 8760			total hrs in 2003 = 8760			total hrs Jan-Nov = 8040		
	Hrs. diverted	% diverted	Hrs. diverted	% diverted	% change from previous year	Hrs. diverted	% diverted	% change from previous year	Hrs. diverted	% diverted	% change from previous year	Hrs. diverted	% diverted	% change from previous year	Hrs. diverted	% diverted	% change from previous year
CSH	583	7%	1100	13%	+89%	1003	11%	-9%	1590	18%	+58%	2841	32%	+79%	2672	33%	N/A
DHL	1383	16%	2111	24%	N/A	1592	18%	-25%	2003	23%	+26%	934	11%	-53%	1290	16%	N/A
BEL	1034	12%	2744	31%	+165%	2846	32%	+4%	1940	22%	-32%	3288	38%	+69%	3885	48%	N/A
KFB	223	3%	88	1%	-61%	506	6%	+475%	1231	14%	+143%	1730	20%	+41%	1759	22%	N/A
DCH	873	10%	1616	18%	+85%	2623	30%	+62%	2168	25%	-17%	3011	34%	+39%	2319	29%	N/A
CPM	0	0%	0	0%	N/A	0	0%	N/A	0	0%	N/A	0	0%	N/A	0	0%	N/A
SFM	2383	27%	3533	40%	+48%	4020	46%	+14%	5473	62%	+36%	5183	59%	-5%	4704	59%	N/A
LBM	930	11%	2728	31%	+193%	2569	29%	-6%	1607	18%	-37%	182	2%	-89%	663	8%	N/A
MLK	3563	41%	4225	48%	+19%	5202	59%	+23%	5473	62%	+5%	5514	63%	+1%	5521	69%	N/A
PLB	0	0%	0	0%	N/A	0	0%	N/A	0	0%	N/A	0	0%	N/A	1304	16%	N/A
TRI	491	6%	1391	16%	+184%	3860	44%	N/A	494	6%	-87%	1791	20%	+263%	705	9%	N/A
NOR	0	0%	76	1%	N/A	47	1%	-39%	570	7%	+1117%	1578	18%	+177%	678	8%	N/A
LBC	645	7%	457	5%	-29%	184	2%	-60%	420	5%	+128%	273	3%	-35%	295	4%	N/A
SMM	833	10%	1564	18%	+88%	1344	15%	-14%	923	11%	-31%	484	6%	-48%	405	5%	N/A
MHG	4	0.04%	7	0.1%	+86%	19	0.2%	+196%	29	0%	+51%	0	0%	-100%	0	0%	N/A
HGH	3260	37%	3623	41%	+11%	4880	56%	+35%	5077	58%	+4%	5094	58%	+0%	5630	70%	N/A
BEV	984	11%	1935	22%	+97%	2397	27%	+24%	2320	26%	-3%	1903	22%	-18%	1260	16%	N/A
PIH	1394	16%	2394	27%	+72%	3242	37%	+35%	1633	19%	-50%	2008	23%	+23%	2097	26%	N/A
ELA	964	11%	99	1%	-90%	401	5%	+304%	524	6%	+31%	409	5%	-22%	1000	12%	N/A
KEH	207	2%	976	11%	+372%	1116	13%	+14%	2878	33%	+158%	3284	37%	+14%	2727	34%	N/A

CODE	HOSPITAL NAME	CODE	HOSPITAL NAME	CODE	HOSPITAL NAME
CSH	Suburban Medical Center	LBM	Long Beach Memorial Medical Center	MHG	Memorial Hospital of Gardena (service area)
DHL	Lakewood Regional Medical Center	MLK	Martin Luther King Jr./Drew Medical Center	HGH	Harbor/UCLA Medical Center
BEL	Bellflower Medical Center	PLB	Pacific Hospital of Long Beach	BEV	Beverly Hospital
KFB	Kaiser, Bellflower	TRI	Tri-City Regional Medical Center	PIH	Presbyterian Intercommunity Hospital
DCH	Downey Regional Medical Center	NOR	Los Angeles Community Hospital of Norwalk	ELA	East Los Angeles Doctors Hospital
CPM	Coast Plaza Doctors Hospital	LBC	Community Hospital of Long Beach	KFH	Kaiser Foundation, Harbor City
SFM	St. Francis Medical Center	SMM	St. Mary Medical Center		